



**GEORGIA LOTTERY FUNDED PRE-K REFERRAL
FOR BEFORE/AFTER SCHOOL/EXTENDED DAY**

Effective Program Year _____ to _____

CAPS

Childcare and Parent Services

Child's First Day of School (Pre-K) _____

Name of Pre-K School/Location _____

Site Address _____ County _____

List the name(s) and Social Security Number(s) of each parent or responsible adult living in the household:

1. _____ SSN# _____
2. _____ SSN# _____

Parent/Responsible Adult's Address _____

Responsible Adult's Day Time Phone # (_____) _____ County of Residence _____

Name and SS# of child(ren) enrolled in Pre-K _____

Is either responsible adult's name on DFCS' child care waiting list? ☐ Yes ☐ No If yes, give name _____

Is either parent/responsible adult working? ☐ Yes ☐ No If yes, give name(s) _____

Days and hours at work: _____ (Days) _____ (Hours) Total Hours (per week) _____
EXAMPLE: (Monday - Friday) (10 a.m. - 6 p.m.) (40 hours)

Income before deductions for responsible adult(s): \$ _____ ☐ Weekly ☐ Every Two Weeks ☐ Twice a Month ☐ Monthly

Is the parent/responsible adult in school? ☐ Yes ☐ No If yes, give name(s) _____

(SEE EXAMPLE ABOVE) Days and hours at school _____ (Days) _____ (Hours) Total Hours (week) _____

Is either parent/responsible adult in training? ☐ Yes ☐ No If yes, give name _____

(SEE EXAMPLE ABOVE) Days and hours at training _____ (Days) _____ (Hours) Total Hours(week) _____

Does either responsible adult receive any of the following? (Check all that apply):

☐ Cash Assistance (TANF) ☐ Medicaid ☐ Food Stamps ☐ None

Who do you want to provide before/after school care? _____
(ONE PROVIDER ONLY)

Signature of Parent/Responsible Adult Date _____ (_____) _____
Area Code Telephone Number

Signature of Pre-K Provider Representative Date _____ (_____) _____
Area Code Telephone Number

NOTE: THIS REFERRAL MUST BE MAILED (POSTMARKED) OR HAND DELIVERED TO THE DFCS OFFICE IN THE COUNTY WHERE THE FAMILY LIVES WITHIN FIVE (5) CALENDAR DAYS OF THE CHILD'S FIRST DAY OF SCHOOL OR AS SOON AS ENROLLMENT IS KNOWN. THIS FUNDING IS FOR 36 WEEKS (180 SCHOOL DAYS) OF THE PREKINDERGARTEN SCHOOL YEAR.

FOR DFCS PURPOSES ONLY: ☐ No further action taken. Screening shows family is potentially ineligible.